Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

25587

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
T.	TAL OLAINO		(Column 1)		(Column 2)			TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			17					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			/7 minus 20=		* 0			X\$ 9= ,		OR	X\$18=	1
INDEPENDENT CLAIMS			3 minus 3 =		0			X42=	4	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=) (**	OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in c						olumn 2		TOTAL		OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	<u> </u>	=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	F CL AIM	=		X42=		OR	X84=	
	I INO I. PRESE	INTATION OF M	OLIJELE DEF	ENDEN	CLAIN		1	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	A
	2 V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Column 1)	4.00	(Colur	mn 2)	(Column 3)		10011.11.22			, 10011.12.01	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	Sept.	RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CLAIM	= -		X42=		OR	X84=	*
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J	+140=		OR	+280=	
					,			TOTAL ADDIT. FEE		OR ·	TOTAL ADDIT, FEE	
1		(Column 1)	(Column 3)			A.1						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	i,	RATE	ADDI- TIONAL FEE		RATÉ	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	× -	OR	X\$18=	×
	Independent	*	Minus	***	,	= 80	l f	X42=			X84=	
⋖	FIRST PRESE	NTATION OF M	ULTIPLE DEF	LTIPLE DEPENDENT CLAIN			1	742=		OR	_ ^04=	
								+140=		OR	+280=	,
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
		nher Previously P					er fou	and in the and	oronriata ho	r in col	lumn 1	